

DISCLOSURES ON QUANTITATIVE AND QUALITATIVE PARAMETERS OF HEALTH SERVICES RENDERED
(ANNUAL DISCLOSURE)

Name of the Insurance Company: United India Insurance Company Limited

Information as at 31/03/2025

a. Specify whether In-house Claim Settlement or Services rendered by TPA

a.1 TPA NAME HEALTHINDIA INSURANCE TPA SERVICES PVT. LTD.
 Validity of agreement From 01-04-2024 To 31-03-2027

b. Number of policies and lives services in respect of which public disclosures are made:

Description	Retail	Group	Govt.
No. of Policies serviced	46565	236	0
No. of Lives Covered	103389	198200	0

c. Geographical Area in which services are rendered by the TPA (As per Annexure A)

d. Data of number of claims processed:

Description	No.	Percentage
i Outstanding number of claims at the beginning of the year:	1572	NA
ii Number of claims received during the year	33069	NA
iii Number of claims paid during the year: (Number & Percentage)	31501	90.94%
iv Number of Claims repudiated during the year: (Number & Percentage)	1359	3.92%
v Number of claims outstanding at the end of the year:	1781	NA

e. Turn Around Time *

TAT for cashless claims (in respect of number of claims):

Description	Individual Policies (in %)		Group Policies (in %)	
	TAT for pre-auth **	TAT for discharge#	TAT for pre-auth **	TAT for discharge#
1 Within < 1 hour	95.51%	90.31%	91.09%	91.48%
2 Within 1-2 hours	4.49%	9.69%	8.91%	8.52%
3 Within 2-6 hours	0.00%	0.00%	0.00%	0.00%
4 Within 6-12 hours	0.00%	0.00%	0.00%	0.00%
5 Within 12-24 hours	0.00%	0.00%	0.00%	0.00%
6 >24 hours	0.00%	0.00%	0.00%	0.00%
Total	100.00%	100.00%	100.00%	100.00%

*Percentage to be calculated on total of the respective column

**reckoned from the time last necessary document is received by insurer/TPA (whichever is earlier) and till final pre-auth is issued to the hospitals
 #reckoned as final discharge summary sent to hospital from the time discharge bill is received by TPA

f. TAT in case of Payment /Repudiation of Claims

Description (to be reckoned from the date of receipt of last necessary document)	Individual		Group		Government		Total	
	No. of Claims	Percentage	No. of Claims	Percentage	No. of Claims	Percentage	No. of Claims	Percentage
Within 1 Month	18348	97.46%	13690	97.55%	0	0.00%	32038	97.50%
Between 1-3 months	478	2.54%	344	2.45%	0	0.00%	822	2.50%
Between 3-6 months	0	0.00%	0	0.00%	0	0.00%	0	0.00%
More than 6 months	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Total	18826	100.00%	14034	100.00%	0	0.00%	32860	100.00%

*Percentage to be calculated on total of the respective column

g. Data of grievances received against the TPA:

Description	NO.
1 Grievance outstanding as on 01/04/2024	0
2 Grievances received during 2024-25	98
3 Grievances resolved during 2024-25	98
4 Grievance outstanding as on 31/03/2025	0

Place: Chennai
 Date : 12-08-2025

Signature of the CMD
 United India Insurance Co.Ltd

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TPA PUBLIC DISCLOSURE 2024-2025

Annexure A

TPA Name : Health India Insurance TPA Services Pvt. Ltd.

Geographical Area in which services are rendered by the TPA-

Sr.no.	Statename	District Name
1	Maharashtra	Mumbai
2	Maharashtra	Pune
3	Maharashtra	Nagpur
4	Maharashtra	Mumbai
5	Andhra Pradesh	Hyderabad
6	Kerala	Kozhikode
7	Kerala	Cochin
8	Kerala	Pondicherry
9	Karnataka	Bangalore
10	Karnataka	Hubli
11	DELHI	New Delhi
12	Gujarat	Vadodara
13	Gujarat	Ahmedabad
14	Tamil Nadu	Madurai
15	Tamil Nadu	Chennai

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